B22A (Official Form 22A) (Chapter 7) (12/08)	10-12573
In re Shanbel Yakob Emahazien Debtor(s) Pri 1:50	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement)
Debtor(s)	☐ The presumption arises
Case Number:	☑ The presumption does not arise
(If known)	☐ The presumption is temporarily inapplicable.
CHAPTER 7 STATEMENT OF CUR AND MEANS-TEST C	
In addition to Schedules I and J, this statement must be completed by exclusion in Line 1C applies, joint debtors may complete a signifiler must complete a separate statement.	very individual chapter 7 debtor, whether or not filing jointly. ngle statement. If the exclusion in Line 1C applies, each joint
Part I, MILITARY AND NON-C	ONSUMER DEBTORS

	Part I, MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
18	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.
	below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a.
	I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. 🔲 I am performing homeland defense activity for a period of at least 90 days /or/
	□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

	Ma a. b.	Ø	Unmarried. Complete only Column A ("De	btor's Income	") fc	or Lines 3-11.		
2	penalty of perjury: "My spouse and I are legally separated under applicable non-bankrupto and I are living apart other than for the purpose of evading the requirements of § 707(b)(2 Code." Complete only Column A ("Debtor's Income") for Lines 3-11.				iptcy law or my)(2)(A) of the B	spouse ankruptcy		
	c. Married, not filing jointly, without the declaration of separate households set out in line both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B Lines 3-11.				3-11.			
12					("Spouse's Inc	ome") for		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Column A Debtor's Income	Column B Spouse's Income
3	G	ross	wages, salary, tips, bonuses, overtime, cor	mmissions.			\$158.67	\$
4	Lir tha att	ne a a an or tachn	e from the operation of a business, profess and enter the difference in the appropriate colone business, profession or farm, enter aggregation nent. Do not enter a number less than zero. Do ses entered on Line b as a deduction in Par	umn(s) of Line ate numbers an o not include	4. If id pr	you operate more ovide details on an		
	_	a	Gross Receipts		\$ 0.			
	<u></u>	b.	Ordinary and necessary business expenses Business income		\$ 0.	.00 tract Line b from Line a	\$0.00	\$
	Ľ	c	Dubiliess income		Subi	tract Line b from Line a	Φ 0.00	Ψ
5	th ar	ne app	nd other real property income. Subtract Line propriate column(s) of Line 5. Do not enter a lart of the operating expenses entered on Line 5.	number less ti ne b as a dedu	han uctio	zero. Do not include on in Part V.		
3		a.	Gross Receipts		\$ 0.			
	· _	b. c	Ordinary and necessary operating expenses Rent and other real property income		\$ 0. Sub	tract Line b from Line a	\$0.00	\$
6	<u>ا</u> In	nteres	st, dividends, and royalties.				\$0.00	\$
7	P	ensid	on and retirement income.				\$0.00	\$
8	ex tha	pens at pu	nounts paid by another person or entity, on ses of the debtor or the debtor's dependent rpose. Do not include alimony or separate ma ouse if Column B is completed.	ts, including c	hild	support paid for	\$0.00	\$
0	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in							
			ployment compensation claimed to penefit under the Social Security Act Debt	tor \$		Spouse \$	\$	\$
5 5	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.							
	L	a.		\$				[

	Total and enter on Line 10.	\$0.00	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s)	\$158.67	\$
12.	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 158.67	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the renter the result.	number 12 and	\$1,904.04
14	Applicable median family income. Enter the median family income for the applicable state and house information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	hold size (This	
	a. Enter debtor's state of residence: WAb. Enter debtor's household size		\$51,344.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		
15	☑ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box arise" at the top of page 1 of this statement, and complete Part VIII, do not complete Parts IV, V, VI or		nption does not
Sec.	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts	of this statement	t.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

		BOTH CALCULATION OF CURRENT MONTHAVING	COME FOR § 707(b)(2)	The second of
16	Enter th	e amount from Line 12.			\$
17	Line 11, debtor's paymen depende	adjustment. If you checked the box at Line 2.c, enter on Line 17 the to Column B that was NOT paid on a regular basis for the household exact dependents. Specify in the lines below the basis for excluding the Cost of the spouse's tax liability or the spouse's support of persons other ents) and the amount of income devoted to each purpose. If necessariate page. If you did not check box at Line 2.c, enter zero.	xpenses of the debtor or the plumn B income (such as than the debtor or the debt	e tor's	
	a.	\$			
	Total a	nd enter on Line 17 .			\$
18	Current	monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter	r the result		\$
		Part V. CALCULATION OF DEDUCTIONS FR	ROM INCOME		Company of the Compan
10	100 to 10	Subpart A: Deductions under Standards of the Internal R	Revenue Service (IRS)	100	
19A	Nationa	Il Standards: food, clothing and other items. Enter in Line 19A the Il Standards for Food, Clothing and Other Items for the applicable houselele at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		ion	\$
1100 200 200 200 200 200 200 200 200 200					

National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				
Household members under 65 years	ears of age Ho	usehold members 65 years of	age or older	
a1 Allowance per member	a2.	Allowance per member		
b1 Number of members	b2.	Number of members		
c1. Subtotal	c2.	Subtotal		\$
Local Standards: housing and utiliand Utilities Standards; non-mortgaginformation is available at www.usdo	ge expenses for the ap	plicable county and household :		\$
Local Standards: housing and uti the IRS Housing and Utilities Standa information is available at www.usdc. total of the Average Monthly Payme Line b from Line a and enter the res a IRS Housing and Utilities Standexpense b Average Monthly Payment for any, as stated in Line 42.	ards; mortgage/rent ex oj.gov/ust/ or from the o ints for any debts secu- sult in Line 20B. Do not dards; mortgage/rental	pense for your county and hous clerk of the bankruptcy court); end red by your home, as stated in L enter an amount less than ze	ehold size (this nter on Line b the .ine 42, subtract	
C Net mortgage/rental expense		Subtract Line b from Line a	<u> </u>	\$
Local Standards: housing and uti and 20B does not accurately comp Utilities Standards, enter any addition your contention in the space below:	ute the allowance to v	which you are entitled under the	e IRS Housing and	\$
Local Standards: transportation; an expense allowance in this categorand regardless of whether you use p	ory regardless of wheth	olic transportation expense. You pay the expenses of ope	ou are entitled to rating a vehicle	,
Check the number of vehicles for whare included as a contribution to you			perating expenses 2 or more.	
If you checked 0, enter on Line 22A Transportation. If you checked 1 or 2 Local Standards: Transportation for Statistical Area or Census Region. (the bankruptcy court.)	2 or more, enter on Lin the applicable number	e 22A the "Operating Costs" am of vehicles in the applicable Me	ount from IRS tropolitan	\$
Local Standards: transportation; expenses for a vehicle and also use additional deduction for your public amount from IRS Local Standards: the clerk of the bankruptcy court.)	e public transportation, transportation expense	and you contend that you are e es, enter on Line 22B the "Public	ntitled to an c Transportation"	\$

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)	
	1 2 or more.	
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.	
	a IRS Transportation Standards, Ownership Costs \$	
	b. Average Monthly Payment for any debts secured by Vehicle	
	1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a	\$
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23 Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.	
	a IRS Transportation Standards, Ownership Costs b Average Monthly Payment for any debts secured by Vehicle s	
	Average Monthly Payment for any debts secured by Vehicle \$	
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
N 9 0	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
3 0	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
4	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32	0 8 3-1 - 2 - 2 - 2

or you	Health Insurance	œ e	 		1	
b.	Disability Insura		\$		•	
C.	Health Savings	Account	\$]	
If you	and enter on Line 3 do not actually enace below:	34 xpend this total amount, state	your actual total ave	rage monthly e	expenditures in	\$
month elderly	ly expenses that y	ns to the care of household or ou will continue to pay for the re disabled member of your house expenses.	easonable and necess	sary care and s	support of an	\$
you ac Servic	ctually incurred to r	ily violence. Enter the total ave maintain the safety of your famil plicable federal law. The nature	ly under the Family Vi	olence Preven	ition and	\$
Local	Standards for Hou	nter the total average monthly a sing and Utilities, that you actua tee with documentation of yo	ally expend for home our actual expenses,	energy costs.	You must	\$
that th	ne additional amo	unt claimed is reasonable an				
Educa you ac second truste reason	ne additional amo ation expenses fo ctually incur, not to dary school by you be with document nable and necess	er dependent children less that exceed \$137.50 per child, for a ur dependent children less than ation of your actual expenses eary and not already accounte	in 18. Enter the total a attendance at a private 18 years of age. You a, and you must expl ed for in the IRS Stan	e or public eler must provide ain why the ar ndards.	mentary or e your case mount claimed is	\$
Educa you ac second truste reaso Additi clothin Nation www.u	he additional amoration expenses for ctually incur, not to dary school by you be with documents nable and necessional food and clo ng expenses exceed al Standards, not usdoj.gov/ust/ or fro	er dependent children less that exceed \$137.50 per child, for a ur dependent children less than ation of your actual expenses	an 18. Enter the total a attendance at a private 18 years of age. You a, and you must explant ad for in the IRS Stant average monthly ame food and clothing (ap and allowances. (This in	e or public eler must provide ain why the andards. ount by which who are parel and serventormation is a	mentary or e your case mount claimed is your food and vices) in the IRS vailable at	\$
Educa you ac second truste reason Additi clothin Nation www.u amou	ne additional amoration expenses for ctually incur, not to dary school by you see with document mable and necessional food and clong expenses exceed al Standards, not usdoj.gov/ust/ or front claimed is reasoned charitable of the control of the co	er dependent children less that exceed \$137.50 per child, for a sur dependent children less than ation of your actual expenses sary and not already accounted the combined allowances for to exceed 5% of those combined on the clerk of the bankruptcy of	an 18. Enter the total a attendance at a private 18 years of age. You a and you must explain average monthly ame food and clothing (aped allowances. (This in court.) You must demand that you will continue	e or public eler must provide ain why the aindards. ount by which we parel and serve information is a nonstrate that	mentary or e your case mount claimed is your food and vices) in the IRS vailable at the additional	\$
Educa you ac second truste reaso Additi clothin Nation www.u amou	ne additional amoration expenses for ctually incur, not to dary school by you see with documents nable and necessional food and clong expenses exceed al Standards, not usdoj.gov/ust/ or front claimed is reasonal instruments to a contract of the contract	er dependent children less that exceed \$137.50 per child, for a per children less than action of your actual expenses ary and not already accounted thing expense. Enter the total and the combined allowances for the exceed 5% of those combined om the clerk of the bankruptcy of sonable and necessary.	an 18. Enter the total a attendance at a private 18 years of age. You a and you must explain average monthly ame food and clothing (aper allowances. (This in court.) You must demonstrate that you will continue 26 U.S.C. § 170(c)(1)-(2)	e or public eler must provide ain why the ain dards. ount by which we parel and serve information is a nonstrate that to contribute in	mentary or e your case mount claimed is your food and vices) in the IRS vailable at the additional	\$
Educa you ac second truste reaso Additi clothin Nation www.u amou	ne additional amoration expenses for ctually incur, not to dary school by you see with documents nable and necessional food and clong expenses exceed al Standards, not usdoj.gov/ust/ or front claimed is reasonal instruments to a contract of the contract	exceed \$137.50 per child, for a exceed \$137.50 per child, for a gradependent children less than ation of your actual expenses eary and not already accounted thing expense. Enter the total ad the combined allowances for to exceed 5% of those combined om the clerk of the bankruptcy of sonable and necessary. Contributions. Enter the amount haritable organization as defined in the second	an 18. Enter the total a attendance at a private 18 years of age. You a and you must explain average monthly ame food and clothing (aper allowances. (This in court.) You must demonstrate that you will continue 26 U.S.C. § 170(c)(1)-(2)	e or public eler must provide ain why the aindards. ount by which sparel and serv offermation is an anonstrate that to contribute in 2)	mentary or e your case mount claimed is your food and vices) in the IRS vailable at the additional	\$
Educa you ac second truste reason Additi clothin Nation www.u amou Contin financi Total Futur you ov Payme total of filing of	tion expenses for ctually incur, not to dary school by you se with document mable and necessional food and clang expenses exceed all Standards, not usdoj.gov/ust/ or front claimed is reasonal instruments to a company of the bankruptcy of the bank	exceed \$137.50 per child, for a exceed \$137.50 per child, for a gradependent children less than ation of your actual expenses eary and not already accounted thing expense. Enter the total ad the combined allowances for to exceed 5% of those combined om the clerk of the bankruptcy of sonable and necessary. Contributions. Enter the amount haritable organization as defined in the second	an 18. Enter the total and attendance at a private 18 years of age. You is, and you must explain average monthly ame food and clothing (apped allowances. (This incourt.) You must demonstrate that you will continue 26 U.S.C. § 170(c)(1)-(2). Enter the total of Limital and the security securing the debt, as or insurance. The Alach Secured Creditor	e or public eler must provide ain why the ain dards. Ount by which parel and service and s	your case mount claimed is your food and vices) in the IRS vailable at the additional the form of cash or 40.	\$
Educa you ac second truste reason Additi clothin Nation www.u amou Contin financi Total Futur you ov Payme total of filing of	tion expenses for ctually incur, not to dary school by you se with document mable and necessional food and clang expenses exceed all Standards, not usdoj.gov/ust/ or front claimed is reasonal instruments to a company of the bankruptcy of the bank	exceed \$137.50 per child, for a exceed \$137.50 per child the combined allowances for to exceed \$100 per combined on the clerk of the bankruptcy of sonable and necessary. Contributions. Enter the amount hantable organization as defined in the clerk of the creditor, identify the proper countributions. For each of you of the creditor, identify the proper child the creditor.	an 18. Enter the total and attendance at a private 18 years of age. You is, and you must explain average monthly ame food and clothing (apped allowances. (This incourt.) You must demonstrate that you will continue 26 U.S.C. § 170(c)(1)-(2). Enter the total of Limital and the security securing the debt, as or insurance. The Alach Secured Creditor y, list additional entries.	e or public eler must provide ain why the ain dards. ount by which is opered and serv information is a nonstrate that to contribute in 2) nes 34 through the Average Month in the 60 month is on a separate Does inclu	your case mount claimed is your food and vices) in the IRS vailable at the additional the form of cash or 40.	\$

43	reside you m in add amou	ence, a motor vehicle, or other pro lay include in your deduction 1/60 lition to the payments listed in Lin nt would include any sums in defa nd total any such amounts in the	If any of debts listed in Line 42 are superty necessary for your support or the of any amount (the "cure amount e 42, in order to maintain possession ault that must be paid in order to avoid following chart. If necessary, list addresses the property of the control of the cont	the support of your dependents, t") that you must pay the creditor on of the property. The cure oid repossession or foreclosure.	
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount]
				Total: Add Lines a, b and c	Ψ
44	as pri	ority tax, child support and alimon	ms. Enter the total amount, divided by claims, for which you were liable a ons, such as those set out in Line	at the time of your bankruptcy	\$
	Chap follow exper	ing chart, multiply the amount in l	. If you are eligible to file a case und ine a by the amount in line b, and e	der Chapter 13, complete the nter the resulting administrative	
46	b.	Current multiplier for your district issued by the Executive Office for	as determined under schedules	x	
	C.	Average monthly administrative e	xpense of Chapter 13 case	Total: Multiply Lines a and b	\$
46	Total	Deductions for Debt Payment.	Enter the total of Lines 42 through 45		\$
		Sul	ppart D. Total Deductions from I	ncome	Carpo de Car
47	Total	of all deductions allowed under	er § 707(b)(2). Enter the total of Line	es 33, 41, and 46	\$

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION	and the second
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result	\$
	Initial presumption determination. Check the applicable box and proceed as directed.	Residence
	☐ The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page statement, and complete the verification in Part VIII Do not complete the remainder of Part VI	je 1 of this
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of	of page 1 of this Part VI.
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Pathrough 55).	rt VI (Lines 53
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable box and proceed as directed	
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not ar of page 1 of this statement, and complete the verification in Part VIII.	ise" at the top
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum the top of page 1 of this statement, and complete the verification in Part VIII You may also complete Part VII.	ption arises" at

56	and inco	Part VII. ADDITIONAL EXPENSE Content of the state of you and your family and that you contend should be an additional ender § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a stage monthly expense for each item. Total the expenses.	ated in this form, that are required for the health
		Expense Description	Monthly Amount
		Total: Add Lines a, b, and c	\$
,,,,,		Par VIII: VERIFICATION	
57	I ded both	clare under penalty of perjury that the information provided in this statem debtors must sign.) Date:	ent is true and correct/(If this a joint case,